

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/752,114
		Filing Date	12/28/2000
		First Named Inventor	Galen C. Hunt
		Examiner Name	STEPHAN F WILLETT
		Art Unit	2142
		Attorney Docket No.	MS1 - 523US
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER	
TOTAL AMOUNT OF PAYMENT (\$) 120.00		AUG 0 2005	

METHOD OF PAYMENT (check all that apply)

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small EntityFee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
19	- 20 or $\frac{1}{2}$ = 0	x 50	= 0.00
HP = highest number of total claims paid for, if greater than 20			

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	- 3 or $\frac{1}{2}$ = 0	x 200	= 0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

120.00

Other: One month extension (37 CFR 1.17(a)(1))

SUBMITTED BY		Registration No. (Attorney/Agent)	46175	Telephone (206) 315-4001
Signature		Date	8/5/2005	
Name (Print/Type)	Tim R. Wyckoff			

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Application Number: 09/752,114

Filing Date: December 28, 2000

Certificate of Transmission under 37 CFR 1.8

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1. Certificate of Transmission
2. Petition for Extension of Time
3. Fee Transmittal
4. Response to Office Action Dated April 6, 2005 (22 pgs)

Total pages: 25

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